

***African American
Health Alliance***

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Health Information Technology

Statement of

The Honorable Dr. Joycelyn Elders
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Co-Chair African American Health Alliance

Before the

House Committee on Energy and Commerce
Subcommittee on Health
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GOOD MORNING HONORABLE CHAIRMAN PALLONE,
HONORABLE RANKING MEMBER DEAL, AND MEMBERS OF THE
HEALTH SUBCOMMITTEE. I AM DR. JOYCELYN ELDERS A FORMER
UNITED STATES SURGEON GENERAL -- A POSITION WHICH AFFORDED
ME THE OPPORTUNITY TO SERVE AS THE NATION'S CHIEF EDUCATOR
ON HEALTH AND REDUCING THE RISK OF ILLNESS AND INJURY. I
TESTIFY BEFORE YOU TODAY AT THE SPECIAL INVITATION OF AND
WITH DEEP APPRECIATION FOR THE HONORABLE ED TOWNS OF NEW
YORK -- RENOWNED FOR HIS WORK ON THIS COMMITTEE INCLUDING
HIS COMMITMENT TO THE REDUCING AND ULTIMATELY
ELIMINATING DISPARITIES IN HEALTH ON ALL FRONTS AND ACROSS
ALL POPULATIONS.

THE COMMITTEE'S COMMITMENT TO ADDRESSING INEQUITIES
IN HEALTHCARE FOR RACIAL AND ETHNIC COMMUNITIES, TO
ADDRESSING THE NEEDS OF THE UNINSURED AND UNDERINSURED,
THE DISABLED, AND THE MEDICALLY UNDERSERVED INCLUDING
THE HOMELESS OR WORKING POOR -- IS STEADFAST AND
ENDURING. LIKE THAT OF THE AFRICAN AMERICAN HEALTH
ALLIANCE WHICH I CO-CHAIR, IT IS COMMENDABLE.

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE, I AM VERY ENCOURAGED BY AND APPRECIATE THE HARD WORK THAT CHAIRMEN DINGELL AND PALLONE, AND RANKING MEMBERS BARTON AND DEAL HAVE PUT INTO DEVELOPING THIS DISCUSSION DRAFT, AND YOUR COLLECTIVE WISDOM AND COMMITMENT TO FURTHER HEALTH INFORMATION TECHNOLOGY.

WE ARE ENCOURAGED BY MANY COMPONENTS OF THE DRAFT – INCLUDING THE CODIFICATION OF THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY, WHICH IS KEY TO THE OVERALL EFFECTIVENESS OF THE NATION'S UTILIZATION OF HEALTH INFORMATION TECHNOLOGY.

WE ARE ALSO ENCOURAGED BY THE ESTABLISHMENT OF THE ADVISORY COMMITTEES WHICH WILL SUPPORT THIS EFFORT. – HOWEVER, TO HELP ENSURE THE FULL BENEFIT OF THIS NATIONAL INVESTMENT IN HEALTH WE MUST ENSURE DIVERSITY ON THESE COMMITTEES; AND THAT THE AGENCIES INVOLVED INCLUDE THE OFFICE OF MINORITY HEALTH, OFFICE OF RURAL HEALTH, OFFICE

FOR CIVIL RIGHTS AND OTHER KEY FEDERAL AGENCIES SUCH AS VA AND DoJ.

WE ARE ENCOURAGED BY THE DRAFT'S BIFURCATED APPROACH TO THE DEVELOPMENT OF STANDARDS USING BOTH A POLICY SETTING COMMITTEE AND AN H-I-T STANDARDS SETTING COMMITTEE; AND THE DRAFT'S ESTABLISHMENT OF A PROMINENT STANDARDS DEVELOPMENT ROLE FOR THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY.

ALSO, WE FIND ENCOURAGING THE PROVISIONS ESTABLISHING A RESOURCE CENTER; EDUCATION AND RESEARCH; GRANTS AND LOANS; DE-IDENTIFIED INFORMATION WHICH CAN BE USED TO CAPTURE HEALTH DISPARITY METRICS. YET, WE MUST ENSURE THAT APPROPRIATE DATA IS CAPTURED FOR THE OVERALL HEALTH BENEFIT OF THE NATION'S DIVERSE POPULATIONS, INCLUDING CATEGORIES OF DATA THAT ALLOW FOR THE AGGREGATING AND DISAGGREGATING OF DATA FOR ANALYSES OF TREATMENT EFFECTIVENESS AND OTHER BENEFICIAL INQUIRIES -- DOING SO CAN ULTIMATELY ASSIST OUR NATION IN HEALTHCARE COST

SAVINGS BY BETTER ENABLING PREVENTION AND TREATMENT STRATEGIES.

WE ARE ENCOURAGED BY PROVISIONS WHICH CALL ON THE NATIONAL COORDINATOR TO ASSESS AND PUBLISH THE IMPACT OF HEALTH INFORMATION TECHNOLOGY ON COMMUNITIES WITH HEALTH DISPARITIES – BUT TO BE EFFECTIVE, SUCH ASSESSMENT MUST BE ONGOING. THIS WILL DO MUCH TO PROMOTE ITS WIDE SPREAD ADOPTION AND UTILIZATION. WE ALSO BELIEVE THAT THROUGH APPROPRIATE USE OF STANDARDS, HEALTH DISPARITIES CAN BE IDENTIFIED AND ADDRESSED. LIKEWISE THE PRIVACY PROVISION STANDARDS MUST BE CONTINUALLY MONITORED AND REPORTED ON. THE PATIENT AND CONSUMER MUST BE ENGAGED AND INFORMED OF THE EVOLVING PRIVACY PROCESS THAT PROTECTS THEIR HEALTH INFORMATION AND TRUST ITS EVOLUTION. USING HIPAA AS A BASELINE HELPS TO MOVE US FORWARD MORE EFFECTIVELY.

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HEALTH INFORMATION TECHNOLOGY ON COMMUNITIES WITH HEALTH DISPARITIES – BUT TO BE EFFECTIVE, SUCH ASSESSMENT MUST BE ONGOING. THIS WILL DO MUCH TO PROMOTE ITS WIDE SPREAD ADOPTION AND UTILIZATION. LIKEWISE THE PRIVACY PROVISION STANDARDS MUST BE CONTINUALLY MONITORED AND REPORTED ON. THE PATIENT AND CONSUMER MUST BE ENGAGED AND INFORMED OF THE EVOLVING PRIVACY PROCESS THAT PROTECTS THEIR HEALTH INFORMATION AND TRUST ITS EVOLUTION. USING HIPAA AS A BASELINE HELPS TO MOVE US FORWARD MORE EFFECTIVELY.

HENCE, WE TOO BELIEVE THAT, EFFECTIVELY APPLIED, HEALTH INFORMATION TECHNOLOGY CAN SERVE TO BENEFIT THE AMERICAN PEOPLE. THE DRIVING FORCE MUST BE TO IMPROVE PATIENTS’ OVERALL WELL-BEING.

WITH RESPECT TO HEALTH DISPARATE COMMUNITIES, THE COMMON THREADS ACROSS THE SEGMENT OF OUR NATION'S POPULATION WHICH DISPROPORTIONATELY EXPERIENCE ADVERSE HEALTH EFFECTS ARE CONTINUING GAPS IN CARE, AND BIAS IN

DELIVERY OF HEALTH CARE AND YES RACE DOES MATTER. AS THE INSTITUTE OF MEDICINE'S UNEQUAL TREATMENT STUDY VIVIDLY REVEALED MINORITIES RECEIVE A LESSER QUALITY OF CARE THAN THEIR WHITE COUNTERPARTS EVEN WHEN DATA IS ADJUSTED FOR EDUCATION, SOCIO-ECONOMIC STATUS, ACCESS TO CARE, COVERAGE, AND OTHER KEY FACTORS.

THE APPLICATION OF HEALTH INFORMATION TECHNOLOGY CAN HELP TO LEVEL THE PLAYING FIELD, OR TAKE OUT SOME OF THE BUMPS ALONG THE WAY THAT MAY BE ASSOCIATED WITH NEGATIVE HEALTH BIASES, -- AS STANDARDS OF CARE AND TREATMENT GUIDELINES ARE INCORPORATED INTO THE PATIENT'S HEALTH RECORD. -- AIDING CLINICAL DECISION MAKING AND HOPEFULLY REMOVING UNINTENTIONAL PROVIDER BIAS.

MANY AMERICANS, NOT ONLY POPULATIONS OF COLOR, HAVE SERIOUS GAPS IN CARE INCLUDING THOSE THAT ARE INSURED, AS WELL AS THE UNINSURED, THOSE THAT ARE FORCED TO USE EMERGENCY ROOMS AS THEIR PRIMARY CARE PROVIDER, THOSE THAT ARE DISPLACED BY DISASTER SUCH AS KATRINA AND RITA --

EACH CAN BENEFIT BY UTILIZATION OF HEALTH INFORMATION TECHNOLOGY -- HAVING THEIR HEALTH INFORMATION IN AN ELECTRONIC FORM -- THEIR HEALTH INFORMATION CAN REMAIN INTACT AND IN AN ELECTRONIC PORTABLE FORM CAN FOLLOW THEM WHERE EVER THEY RESIDE -- WHETHER TEMPORARY OR LONG-TERM.

THE ABSENCE OF A MEDICAL HOME GENERATES INCONSISTENCY IN CARE, DELAYED APPLICATION (IF AT ALL) OF ADVANCES IN MEDICINE, REDUNDANT AND DUPLICATIVE WORKUPS PRIOR TO THE INSTITUTION OF NEW AND IMPROVED MEDICAL THERAPIES THAT HAVE BENEFITED THOSE IN A MORE STABLE HEALTHCARE ENVIRONMENT. HEALTH INFORMATION TECHNOLOGY SPECIFICALLY APPLIED TO ADDRESS THESE HEALTHCARE DISPARITIES WILL DO MUCH TO IMPROVE OUR NATION'S GLOBAL HEALTH STANDING.

THE EQUITABLE APPLICATION OF HEALTH INFORMATION TECHNOLOGY CAN ALLOW US THE OPPORTUNITY TO ADDRESS HEALTHCARE DISPARITIES FROM A SOLUTION-ORIENTED

STANDPOINT AND PROVIDES THE POTENTIAL TO HELP IMPROVE THE HEALTH STATUS OF ALL PEOPLE.

RESEARCH HAS WELL ESTABLISHED THAT ADDRESSING HEALTH DISPARITIES WILL REQUIRE MULTIPLE STRATEGIES, A MULTI-DISCIPLINARY APPROACH AND MULTIFACETED TOOLS. THE APPLICATION OF HEALTH INFORMATION TECHNOLOGY IS A KEY TOOL IN THAT PORTFOLIO.

IN CLOSING, MR. CHAIRMAN AND MEMBERS OF THIS ESTEEMED COMMITTEE, WE MUST HAVE THE WILL TO CHANGE – WE HAVE THE TOOL! LET’S CONTINUE TO WORK FORWARD TOGETHER IN ADDRESSING ON OUR NATION’S PRESSING HEALTH ISSUES. TO QUOTE DR. KING, *“OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN HEALTH CARE IS THE MOST SHOCKING AND INHUMANE. ...* WE LOOK FORWARD TO WORKING WITH YOU ON THIS IMPORTANT DISCUSSION DRAFT. THANK YOU FOR THIS OPPORTUNITY.